ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

82a

State File No. _____

Registered No. _____

Arizona _____

1. PLACE OF BIRTH

County: Gila State: ARIZONA

Township _____ or Village _____

City: Payson No. Gen. Del. St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child: Bill Van Dyke (If child is not yet named, make supplemental report, as directed)

3. Sex: Male | Plural births | 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ | 6. Premature _____ Full term _____ | 7. Legitimate? _____ | 8. Date of birth: Jan. 16, 1933 (Month, day, year)

FATHER	MOTHER
9. Full name: Milton J. Van Dyke	18. Full maiden name: Bessie Lee Sanders
10. Residence (usual place of abode) (If non-resident, give place and State): Payson, Ariz.	19. Residence (usual place of abode) (If non-resident, give place and State): Payson, Ariz.
11. Color or race: White 12. Age at last birthday: 34 (Years)	20. Color or race: white 21. Age at last birthday: 28 (Years)
13. Birthplace (city or place) (State or country): Winn, Minnesota	22. Birthplace (city or place) (State or country): Birhingham, Ala.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work, 19	25. Date (month and year) last engaged in this work, 19
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living: 4 (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ months or weeks | 29. Cause of stillbirth _____ | Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 P.M. on the date above stated

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) Milton J. Van Dyke, father, M. D.

Given name added from a supplemental report _____ Date _____

Attest: Jos. D. Williamson, notary public, Registrar.

Filed _____, 19 _____

Geo H LaBarge, Registrar.

My Commission Expires July 15, 1934

Attending physician died the first part of November, 1933.